



COVID-19 Vaccination Rollout: Saskatchewan

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Coronavirus Variants Rapid Response Network (CoVaRR-Net) is a network of interdisciplinary researchers from institutions across the country created to assist in the Government of Canada's overall strategy to address the potential threat of emerging SARS-CoV-2 variants. Pillar 8 of CoVaRR-Net studies the impacts of Coronavirus variants on public health, our healthcare system, and on social policy, and reports these findings to decision-makers and government officials.

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List of Acronyms and Abbreviations

AEFI	Adverse Event Following Immunization (task group)
CMOH	Chief Medical Officer of Health
EDI	Equity, diversity, and inclusion
EMS	Emergency medical services
FPT	Federal/provincial/territorial
ICU	Intensive care unit
IPC	Immunization Planning Committee
ISC	Indigenous Services Canada
LTC	Long-term care
NACI	National Advisory Council on Immunization
NITHA	Northern-Inter Tribal Health Association
PCR	Polymerase chain reaction
PHAC	Public Health Agency of Canada
PT	Provincial and territorial or province and territory
SBAR	Situation, Background, Assessment, Recommendation
SHA	Saskatchewan Health Authority
SMA	Saskatchewan Medical Association
SPHERU	Saskatchewan Population Health and Evaluation Research Unit
RAT	Rapid Antigen Test

Executive Summary

This report provides a high-level overview of actions taken in Saskatchewan to distribute and promote the uptake of the primary COVID-19 vaccination series in the first year of the vaccination rollout (December 2020 – December 2021). It provides examples highlighting key strategies and activities, an idea of their range and types, and any other initiatives that are otherwise unique to the province. Broken into six sections, this report details how Saskatchewan has advised the general public regarding health communication; its supports to maintain and enhance health care personnel and infrastructure to support immunization activities; the approaches taken for service delivery planning and patient pathways for vaccination clinics; activities taken to support inclusivity and equitable delivery of vaccines; the governance of the vaccination rollout, and; additional measures to encourage Saskatchewan to get vaccinated. The report also highlights efforts to combat misinformation, as well as describes some of the non-governmental initiatives that have helped with the COVID-19 vaccination efforts.

This review draws primarily on publicly available policy documents, news releases, and reports; these are complemented by media sources and unpublished materials provided by local experts. Thus, a detailed account of all activities taken during the province's COVID-19 vaccination campaign is beyond the scope of this report; however, examples which highlight key strategies and activities, provide an idea of the range and types of activities taken, or are otherwise unique to the province. Also given the complexity of health systems and rollout strategies, there may be some overlap in content across the sections in this report.

Saskatchewan explicitly mentioned recommendations from the National Advisory Committee on Immunizations (NACI) and adjusted the recommendations for the province's demographics and logistical requirements to guide their vaccination rollout. The province developed and utilized a Clinical Expert Advisory Committee on Immunization in Saskatchewan which was the key group advising the Ministry of Health on an ongoing basis. Saskatchewan's partially centralized approach to vaccination took advantage of the one central health authority, Saskatchewan Health Authority (SHA), as well as the Northern-Inter Tribal Health Association (NITHA), First Nations communities, pharmacies, and other external stakeholders. This allowed Saskatchewan residents to either book their vaccination online through the SHA centralized system or through individual pharmacies across the province. Although Saskatchewan was at first a leader across Canada in their vaccination uptake it later fell near the back of the pack as the year went on. By November 6, 2021, 86.2% percent of eligible Saskatchewan residents had received at least one vaccine dose, compared to the national average of 88.7%.

Please direct any questions, suggestions or comments to the NAO at naobservatory@utoronto.ca

1. Health Communication

This section describes how provinces/territories (PTs) have advised the general public regarding the availability of and eligibility for COVID-19 vaccines. Examples are also provided to highlight activities taken to increase equity, diversity, and inclusion (EDI), and to address mis- and dis-information.

1.1 Public Communications

Saskatchewan took multiple approaches to inform the general public on the availability of and eligibility for COVID-19 vaccines. The Government of Saskatchewan [COVID-19 website](#), initially published on February 13, 2020, has evolved over the course of the pandemic to include topics on vaccinations (Government of Saskatchewan, 2020a). A [COVID-19 dashboard](#) was also later released. The purpose of the webpages is the “provision of accurate, timely information” to residents of Saskatchewan (Government of Saskatchewan, 2021m). The COVID-19 webpage as of November 12, 2021, includes the following headings: a search bar titled “Find COVID-19 specific content,” as well as the following section headings, COVID-19 Vaccine, Self-Testing, Latest Updates, Cases and Risk of COVID-19 in Saskatchewan, Living with COVID-19, Public Health Measures, Variants of Concern, Testing and Treatment, About COVID-19, Travel Information, Information for Health Care Providers, Information for Businesses and Workers, Mental Health and COVID-19, and COVID-19 Search (Government of Saskatchewan, 2021a).

COVID-19 vaccine information resources are available in the translated languages of Cree, Dene, Michif, Tagalog, and French (SHA, 2021c). In addition, the COVID-19 dashboard is updated daily and provides the statistics by pre-developed (prior to the pandemic) subzone/health network area (i.e., a regional boundary used for the purpose of internal organizing/delivering health and health care services), key COVID-19 indicators, COVID-19 cases, COVID-19 tests, and COVID-19 vaccines (new reported doses, total doses, and total fully vaccinated) (Government of Saskatchewan, 2021w). Originally, the data in Saskatchewan was communicated using 13 sub-zones. Additional data became available in 32 smaller sub-zones at a point during the pandemic (Government of Saskatchewan, 2021w).¹

On March 11, 2020 the Government of Saskatchewan also started providing daily public briefings, which were later phased to less frequent public briefings (every 2–7 days), as well as daily updates through COVID-19 Ministry of Health News Releases (Government of Saskatchewan, 2021q). The live updates were usually delivered by Saskatchewan Premier, Scott Moe; Saskatchewan Chief Medical Officer of Health (CMOH), Dr. Saqib Shahab; Saskatchewan Health Authority (SHA) CEO, Scott Livingstone; and/or the Minister of Health, Paul Merriman. These updates are posted on YouTube and other social media outlets along with corresponding recorded media briefings published on the government website.

Between December 2020 and November 2021, the Saskatchewan government allocated money towards providing ongoing education and awareness resources to the public through direct mail, print, online/social media, public service announcements, television, and radio advertisements (Government of Saskatchewan, 2021u). Saskatchewan has also deployed a series of educational media campaigns to promote the uptake of COVID-19 vaccinations. A media campaign was launched to promote awareness of the COVID-19 vaccine with the slogan *Stick It To COVID* on March 29, 2021 (Government of Saskatchewan,

¹ The breakdown of the Saskatchewan smaller COVID-19 sub-zones can be found online:

<https://dashboard.saskatchewan.ca/health-wellness>

2021h). This province-wide campaign used multiple media strategies to encourage residents to get vaccinated, utilizing influencers from all demographic groups. Ads featured doctors, nurses, Indigenous Elders, teachers, hockey players, business owners, and others across the province (Government of Saskatchewan, 2021g). In addition, the Ministry provided each individual vaccinated in Saskatchewan for their first, second, and third doses with “I Got My COVID-19 Vaccine” stickers.

In broader efforts, the Ministry of Education collaborated with public health officials to develop information packages to disseminate in schools. These packages were created to help provide parents with COVID-19 information and guidance (Government of Saskatchewan, 2020b).

The SHA launched an influencer campaign using employees, unions, and leaders within Saskatchewan communities to encourage others to get vaccinated (Vescera, 2021a). Also, Métis Nation Saskatchewan started a hashtag and communication campaign with the slogan #VaccinatedMetisStrong. The campaign included billboards urging members of the Métis community to get vaccinated to enter a draw (Métis Nation Saskatchewan, 2021).

In total, the SHA has promoted the vaccine to the public through over 1,900 posters, videos, and other visuals, and more than 170 public service announcements, facilitated over 3.3 million visits to the COVID-19 vaccine webpage since March 1, 2020, and produced over 2,900 social media posts (Government of Saskatchewan, 2021u). The SHA social media channels were expanded on July 26, 2021 to include Instagram to better communicate with younger individuals in Saskatchewan (SHA, 2021g).

1.2 Increasing Equity, Diversity, and Inclusion and Addressing Mis/Dis-information

In addition to the provincial government, several additional organizations have played an important role in informing the public in Saskatchewan about COVID-19 vaccines. The Saskatchewan Medical Association (SMA) organized a collaboration between more than 24 different health care organizations to develop and advertise an online [campaign](#) to target youth to get vaccinated (Saskatchewan Medical Association, 2020). The campaign’s URL is [WeAreSickOfThisToo.ca](#) and the site included a letter from frontline health care workers in Saskatchewan (Saskatchewan Medical Association, 2020). The Ministry of Health also worked with SMA to develop a campaign with pediatricians within the province to answer concerns from parents regarding vaccinations for children ages 5-11. The resulting videos are posted on the Government of Saskatchewan’s social media platforms.

The Global Gathering Place in Saskatoon provided refugee and immigrant support to encourage vaccination in those communities (Warick, 2021). The Wellness Wheel Medical Clinic and Indigenous Community Research Network also hosted vaccine clinics throughout the month of March 2021 to support Indigenous Elders get the message out (Kleim, 2021). In addition, some medical doctors and other experts used social media to provide reliable information on the vaccines to the public, such as Dr. Emily Sullivan of Saskatoon (with 13.4k followers as of October 26, 2021 on Instagram) and Dr. Alexander Wong of Regina (with 12.8k followers on Twitter as of October 26, 2021) (Schlosser, 2020; Wong, 2021).

The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) has been conducting COVID-19 related research in Saskatchewan throughout the pandemic. Its initiative, *the Social Contours and COVID-19 survey*, collected behavioural, perceptual, social, and place-based data, assigned COVID-19 risk levels to people and places, identified lower- and higher-risk places in the province, and communicated their findings to both public health officials and the public (Muhajarine et al., 2021). Social Contours and COVID-19 collected data to guide the reopening and reintegration process. The data and metrics were

collected in monthly repeated waves beginning May 2020. This timely research was often picked up by media outlets, sent to the Chief Medical Officer of Health, senior decision makers in the SHA, and Medical Health Officers. The research was further amplified by individual health professionals' presences on social media. A compilation of Social Contours and COVID-19 news can be found [here](#).

Several communication strategies were also used in Saskatchewan to address vaccine hesitancy and misinformation; however, a comprehensive outline of these strategies is beyond the scope of this report. A few examples are as follows. The provincial government updated its dedicated COVID-19 website to include a Frequently Asked Questions (FAQ) section on COVID-19 vaccines. In March 2021, the "Stick It To COVID" advertising campaign was launched by the Ministry of Health through various channels. The SHA also developed a website that provides COVID-19 training resources for health care professionals, including a list of resources to counter vaccine hesitancy, such as a conversation guide (SHA, 2021b).

Indigenous Services Canada Saskatchewan branch (ISC-SK) and the Northern-Inter Tribal Health Association (NITHA) also took steps to increase vaccine confidence and uptake among Indigenous communities. The organizations held interviews on the radio and Facebook for people to ask the Medical Officer of Health questions, the chief and council engaged communities on a consistent basis, and held town hall meetings with individuals including Dr. Evan Adams (Indigenous Canadian actor and medical doctor) and Dr. Victoria McKinney (Director of Northern Medical Services at the University of Saskatchewan).

2. Ensuring Sufficient Infrastructure and Workforce Capacity

This section considers the deployment of the health workforce involved in the administration of vaccines, including what is being done to maintain or enhance capacity, the initiatives to train, protect, or support workers, the prioritization of healthcare workers in the vaccination rollout, and vaccination requirements for healthcare workers.

2.1 Maintaining/Enhancing Workforce Capacity

As in all jurisdictions across Canada, Saskatchewan had to ensure sufficient infrastructure and workforce capacity within its healthcare system during the pandemic.

The *COVID-19 Immunization Delivery Plan* released February 9, 2021 included a list of potential immunizers in order to bolster the supply of people administering immunizations in the province (Government of Saskatchewan, n.d.). The list included those who already provide vaccinations such as physicians, nurse practitioners, registered nurses, registered psychiatric nurses, licenced practical nurses, pharmacists, paramedics, midwives, and respiratory therapists, as well as health care students (medicine, registered nursing, registered psychiatric nursing, pharmacy, and paramedic). International medical graduates, retired or previously licensed health care professionals, and other health care professionals were authorized as COVID-vaccination providers in the plan (Saskatchewan Dietitians Association, 2021). Other potential health professionals included dentists, dental therapists, dental hygienists, dental assistants, optometrists, medical radiation technologists, medical laboratory technologists, podiatrists, audiologists, dietitians, occupational therapists, physical therapists/physiotherapists, pharmacy technicians, speech-language pathologists, veterinarians, and veterinary technologists. Further, to help with administrative duties, Public Service Commission staff within the Saskatchewan government's central human resources agency were redeployed to support data entry and other administrative tasks at locations where vaccines were being delivered (Government of Saskatchewan, 2021m).

The Saskatchewan Immunization Plan identified over 9,000 staff across the province to have been working on the immunization campaign from the frontlines (Government of Saskatchewan, 2021t). In addition, hundreds more have been planning and working behind the scenes. In addition, Saskatchewan has engaged with over 800 external stakeholders to coordinate and deliver vaccinations (ibid.).

The Government of Saskatchewan developed a program called "Test to Protect" which included a voluntary rapid antigen home testing strategy for health care workers (Government of Saskatchewan, 2021e). The SHA was responsible for a component of this program which included providing self-tests to health care workers to do at-home testing. The goal of the program was to sustain "healthy congregate living programs and workplaces through the early detection of COVID-19 and the prevention of outbreaks as part of the broader Self-test, Self-manage, Self-isolate strategy" (Government of Saskatchewan, 2021e).

Initially, the province of Saskatchewan did not receive assistance in delivering vaccinations to residents from the Canadian Forces or the Red Cross. On October 22, 2021, however, the province did receive additional help from the Canadian Forces and the Red Cross to manage the fourth wave of COVID-19 through aiding in clinical work capacity (CTV News, 2021). The main focus of this assistance was to transfer patients out of the province and increase available intensive care unit (ICU) capacity.

2.2 Prioritization of Health Care Workers in Vaccination Rollout

Frontline health care workers were prioritized in both the Pilot Phase and Phase One of the *COVID-19 Immunization Delivery Plan* as outlined in Section 3.3. In the Pilot Phase, which started on December 15, 2020, health care workers, including those in ICUs, emergency departments, and COVID-19 units at Regina General Hospital and Pasqua Hospital (also in Regina) and testing and assessment centres were the first to receive the COVID-19 vaccine on December 15, 2020 (Government of Saskatchewan, 2021u).

Once the Pilot Phase was completed, health care workers were also prioritized in Phase One of the plan. Phase One included workers in emergency departments, ICUs, COVID-19 wards, COVID-19 testing and assessment staff, respiratory therapists, code blue and trauma teams, and road and air transport teams (Government of Saskatchewan, 2021u). Additional health care workers prioritized in Phase One included: individuals directly involved in COVID-19 immunizations in Phase Two, including physicians, pharmacists, and other SHA professionals delivering vaccines, anesthesia/operating rooms, all other critical care areas, hemodialysis, vaccination teams, radiology technicians, electrocardiogram/echo, phlebotomy/lab workers handling COVID-19 specimens, and home care (direct providers) (SHA, 2021d).

2.3 Vaccination Requirements for Health Care Workers

As of October 1, 2021, SHA required proof of vaccination for all health care employees (Government of Saskatchewan, 2021p). This was announced on September 10, 2021, prior to the provincial mandate and was implemented with a phased approach with a plan to be fully implemented by early November 2021. The SHA required unvaccinated employees to provide negative COVID-19 tests within 72 hours prior to each shift, at the employees' own expense (ibid.).

3. Principles Underlying the Saskatchewan Vaccination Campaign

This section describes Saskatchewan’s plans for the COVID-19 vaccination rollout, the distribution and administration of the vaccines, and the prioritization of sub-populations.

3.1 Planning Services

The [COVID-19 Immunization Delivery Plan](#) was released publicly on February 8, 2021. The original COVID-19 plan and accompanying SHA presser was released to the media on December 9, 2020 and was later updated on February 9, 2021 and again on October 22, 2021. The [Saskatchewan COVID-19 Immunization Second Dose Strategy](#) was released on May 6, 2021 (Government of Saskatchewan, 2021j).

The delivery plan included several vaccine administrators, including pharmacies, physicians, the SHA, ISC, NITHA, and First Nations Communities (Government of Saskatchewan, 2021j). Individuals without a health care card may only be vaccinated at public health immunization clinics (eHealth Saskatchewan, 2021). Public health workers primarily are responsible for booking, data collection and reporting, and evaluation. The vaccination data from either the vaccination clinics or pharmacies are entered into the central system.

In Saskatchewan, efforts have been made to ensure strategies are culturally competent and culturally safe. For example, the online COVID-19 vaccine resources were translated in Cree, Dene, Michif, Tagalog, and French (SHA, 2021c). Further, SHA has a Cultural Competency and Safety Resource Centre particularly for First Nations and Métis Health Specialty Services (SHA, 2021a). The centre’s website includes a *Cultural Competency and Cultural Safety Toolkit*, a position statement, and additional resources and publications. However, there is nothing COVID-19 specific. Lastly, Indigenous representation is embedded into all COVID-19 vaccination working groups.

Also the SHA stated that the decisions and actions for COVID-19 immunizations will reflect Reconciliation and will ensure “an ongoing process of establishing and maintaining respectful relationships” (SHA, 2021d).

The Clinical Expert Advisory Committee on Immunization in Saskatchewan—the key group advising the Ministry of Health on an ongoing basis—included various individuals from multiple disciplines, as well as the provincial director for ethics. This group tailored the National Advisory Committee of Immunization (NACI) guidelines to the Saskatchewan context, as well as developed a set of principles and a governing framework for the province’s vaccination campaign. To guide vaccination strategies, the Saskatchewan Clinical Expert Advisory Committee, along with the CMOH, reviewed and modified NACI guidance based on the applicability to the province’s demographics, COVID-19 epidemiological data, and other logistical requirements (Government of Saskatchewan, 2021m). Please see Section 5 for more details.

Other planning committees include the COVID-19 Immunization Planning Distribution and Logistics Task Team and the COVID-19 Immunization Planning Adverse Event Following Immunization (AEFI) Task Group (Government of Saskatchewan, 2021u), as described further in Section 5. A Vaccine Hesitancy task group was also developed.

3.2 Distribution and Administration

Various providers delivered vaccinations across the province in a number of settings. Vaccination clinics were offered throughout the province in the following formats: mass immunization clinics, drive-thru clinics, mobile and pop-up clinics, community clinics, pharmacies, and some physician offices (Government of Saskatchewan, 2021u). Clinics commonly required scheduled appointments; however, unscheduled clinics were available as well.

Pop-up clinics in targeted communities and large immunization clinics were primarily run by nurses (Government of Saskatchewan, 2021b). On April 12, 2021, a pharmacy pilot program was launched, which allowed pharmacists in select pharmacies across the province to improve access (Government of Saskatchewan, 2021c). In addition, during the summer months, immunizers went door-to-door in Saskatchewan's north, targeting travel barriers and misinformation (SHA, 2021e; Vescera, 2021c). These door-to-door services in the north were provided in Cree, Michif, and Dene languages (ibid.).

According to the *COVID-19 Immunization Delivery Plan*, the main providers of vaccinations across Saskatchewan included pharmacies, physicians, SHA, ISC, NITHA, and First Nations communities (Government of Saskatchewan, 2021j). Vaccination was provided primarily by the public health workforce as described in the plan. However, when the pharmacy pilot program was launched, additional private providers were contracted to assist by the provincial government (Government of Saskatchewan, 2021c). The pharmacy vaccine appointments are not booked through the Government of Saskatchewan website, but independently through the pharmacy providing the vaccine itself.

The COVID-19 vaccination booking and administration process differs from Saskatchewan's approach to providing the annual influenza vaccine. In Saskatchewan, a COVID-19 vaccination could be booked through the centralized system or through a pharmacy, whereas previously the influenza vaccine is available across the province on a walk-in basis at pharmacies (without an appointment). For the first time, as of October 5, 2021, the influenza vaccine was available to be booked through a centralized booking system (Government of Saskatchewan, 2021s). The centralized booking system was only available for booking appointments at SHA-operated clinics, although appointments continue to be widely available at pharmacies. COVID-19 vaccinations are also being offered at appointments for the annual influenza vaccinations. Health staff in Saskatchewan have been trained to offer both the influenza and COVID-19 vaccine to all those eligible (Government of Saskatchewan, 2021s).

3.3 Prioritization

The goal of the *COVID-19 Immunization Delivery Plan* was to protect high-risk and vulnerable populations, minimize illness and death, protect the healthcare system, and limit/minimize the spread of COVID-19 (Government of Saskatchewan, 2021u). The plan was built on both age and risk-factors. The same approach was utilized for both the first and second doses. The Government of Saskatchewan made an initial plan to book second doses 13 weeks following the first dose of the COVID-19 vaccine with the goal of providing these individuals with their second vaccination doses within 16 weeks (Government of Saskatchewan, 2021j). As the COVID-19 vaccine supply increased, the interval between the two doses decreased with the goal to close the gap between the original NACI-recommendation interval of six-weeks (Government of Saskatchewan, 2021j). The dates in which the province aimed to have eligibility open to second vaccination doses can be found [here](#). Primarily, the second dose eligibility was based on the date of the first dose.

Prioritization and sequencing of key population groups and sub-populations was based on a “population-based risk-benefit analysis” (SHA, 2021d). The prioritization considered the risk of exposure to COVID-19, the risk of transmission to others, the safety and effectiveness of the vaccines, as well as the vaccine supply. The goal of the framework was to minimize COVID-19 transmission and infection while optimizing the capacity of the healthcare system (ibid.). See Table 1 for details on COVID-19 vaccine prioritization in Saskatchewan.

Some regional differences were noted among vaccination prioritizations. The need for an ultra-cold supply and delivery chain for the Pfizer-BioNTech Comirnaty® vaccine resulted in some cities and regions receiving vaccinations earlier. These included Saskatoon, Prince Albert, and Regina, which in late December 2020 were among the first to receive some of the first shipments of the Pfizer-BioNTech vaccine (Government of Saskatchewan, 2020c).

A stratified approach was used for different essential worker categories. The vaccine rollout’s Pilot Phase started on December 15, 2020. To pilot the provincial immunization plan, 1,950 health care workers were immunized at Regina General Hospital and Pasqua Hospital. The Pilot Phase was conducted with Pfizer to better understand handling and storage requirements of the vaccines. The prioritized health care workers included individuals providing direct care to COVID-19 patients, workers in ICUs, emergency departments, COVID-19 units, COVID-19 testing centres, individuals from the Saskatchewan Cancer Agency, emergency medical services (EMS), and long-term care (LTC) facility staff (Government of Saskatchewan, n.d.).

The Government of Saskatchewan had a goal of starting the next phase, Phase One, in late December 2020. Phase One started on December 22, 2020, to vaccinate those people at high risk and in direct contact with COVID-19. This included LTC and personal care home residents and staff, health care workers throughout the province’s emergency departments, ICUs, and COVID-19 wards, COVID-19 testing and assessment staff, respiratory therapists, code blue and trauma teams, EMS, road and air transport teams, residents 70 years of age and older in all communities, and residents 50 years of age and older in remote, northern communities. The prioritization in this phase aligned with NACI guidance. The Clinical Expert Advisory Committee, along with Saskatchewan’s CMOH Dr. Saqib Shahab, reviewed and modified the NACI guidelines to reflect the province’s specific demographics and logistical considerations (Government of Saskatchewan, 2021m). These modifications were recommended by the Clinical Expert Advisory Committee through Situation, Background, Assessment, Recommendation (SBAR) documents that were forwarded for approval by the oversight committee and action by the operations centre.

Phase Two was set to start in April 2021; however, it was launched on March 18, 2021. This phase focused on the general population by age in 10-year increments. When ages 60–69 were eligible to receive their vaccine, other priority groups, sequenced, also became eligible, including those of any age in emergency shelters, adults and staff in group homes with persons with intellectual disabilities, and those extremely clinically vulnerable.

There have also been efforts within the province to prioritize high-risk groups to reduce barriers to vaccine access. A combination of large and targeted clinics were used by the SHA to reach vulnerable populations, as well as pop-up clinics and walk-in clinics to target under and unvaccinated communities (Government of Saskatchewan, 2021n). In addition, 58 mobile clinics were operating in 56 rural and remote communities. ISC offered vaccination clinics, and the Athabasca Health Authority was responsible for and utilized to vaccinate communities in the far north, including Stony Rapids, Uranium City, Fond du Lac, and Black Lake (Government of Saskatchewan, 2021b). Lastly, the SHA offered both mobile and pop-

up clinics in convenient locations across the province including malls, golf courses, parks, and larger workplaces (Government of Saskatchewan, 2021m).

After release of the initial COVID-19 *Immunization Delivery Plan* for Saskatchewan, there were a few changes that occurred as the pandemic progressed. On March 5, 2021, the delivery plan was adjusted to only administer first doses of the COVID-19 vaccine, allowing second doses to be given within a four-month interval in accordance with the adjusted NACI guidelines (Government of Saskatchewan, 2021j). The adjustment did not apply to those residents and staff in both LTC homes and personal care or to the second dose appointments booked prior to the announcement (Government of Saskatchewan, 2021j). This was then later accelerated for second dose appointments due to the expected increased in deliveries of Moderna Spikevax®, with age eligibility updated every Monday and Thursday (Government of Saskatchewan, 2021l, p. 11). Another change to the prioritization from the initial plan was on March 18, 2021, which gave additional focus on some essential workers during Phase Two. Teachers and educational staff were added to the eligibility priority group list, as well as staff and grocery store workers in a facility with a participating pharmacy (Government of Saskatchewan, n.d.). Other groups added included first responders, police officers/RCMP, firefighters, correction staff, border security officers, deputy sheriffs, and all pregnant women (Government of Saskatchewan, n.d.).

See Table 1 for an outline of eligibility dates for specific priority groups. Additional details regarding the prioritization of specific groups in Saskatchewan are outlined below.

Indigenous Populations

Indigenous populations were prioritized in the *COVID-19 Immunization Delivery Plan*. Within Phase One, residents 50 years of age and older in rural and remote communities were prioritized. These rural and remote communities were areas with a higher proportion of Indigenous residents. These populations were also prioritized for the second dose, and booster dose of the COVID-19 vaccinations (see Box 1).

Essential Workers

Essential workers were also prioritized in the *COVID-19 Immunization Delivery Plan*. Within the Pilot Phase and Phase One, the plan focused on those at high risk of COVID-19 or those who were in direct contact with COVID-19 patients. Prioritized essential workers included LTC and personal care home residents and staff, health care workers in emergency, ICU, and COVID-19 wards, COVID-19 testing and assessment staff, respiratory therapists, code blue and trauma teams, EMS, and road and air transport teams (Government of Saskatchewan, n.d.). Further, the SHA developed a *COVID-19 Vaccine Sequencing Framework for Healthcare Workers and Vulnerable Populations* (SHA, 2021d).

Other essential workers were not initially included in the original immunization delivery plan. The plan and prioritization was changed in late April 2021 to include teachers, correctional officers, first responders, grocery store workers, and allied health workers such as dentists (Government of Saskatchewan, 2021i).

Congregate Living Settings

Individuals living within congregate living settings were prioritized within the *COVID-19 Immunization Delivery Plan*. Within Phase One, residents living in LTC and personal care homes were vaccinated. People living in emergency shelters, and adults and staff in group homes for people with intellectual disabilities

were prioritized within Phase Two, as were people aged 60–69 in the general population (Government of Saskatchewan, 2021u).

Those living in correctional facilities were not prioritized in the vaccination rollout in Saskatchewan. This resulted in discussion and debate, with experts recommending including inmates in the prioritization (James, 2021).

Populations at Risk for Severe Illness due to Medical and Other Factors

Populations at risk for severe illness due to medical factors, termed “clinically extremely vulnerable”, were prioritized within Phase Two of the *COVID-19 Immunization Delivery Plan*, along with those aged 60–69 among the general public. Populations at risk of severe illness included: recipients of solid organ transplants; people with severe respiratory conditions, including cystic fibrosis, severe asthma, and severe chronic obstructive pulmonary disease; people with rare diseases that increase their risk of infections, such as homozygous sickle cell disease; people on immunosuppression therapies that would increase their risk of infection, such as those using a high-dose steroid or those who have had their spleen removed; those with severe developmental disabilities; those on dialysis or who had stage-five chronic kidney disease; pregnant women who also have a heart disease; and, those with neuromuscular conditions which require respiratory support (Government of Saskatchewan, 2021u).

People with specific cancers were also prioritized. This included those with cancer who are undergoing active chemotherapy, those with lung cancer undergoing radical radiotherapy, those with blood or bone marrow cancer (i.e., leukemia, lymphoma, myeloma), people having immunotherapy or antibody cancer treatments, people with targeted cancer treatments affecting the immune system, and people who have had bone marrow or stem cell transplants within six months or who are taking immunosuppression drugs.

Other populations at Increased Risk of Transmission or Severe illness

Black and Other Racialized Populations:

No information found on prioritization in Saskatchewan’s *COVID-19 Immunization Delivery Plan*.

Migrant Workers:

No information found on prioritization in Saskatchewan’s *COVID-19 Immunization Delivery Plan*.

Box 1. Booster Doses

The booster program in Saskatchewan was launched on September 7, 2021, with phases further broken down into Phase 1, Phase 2A, Phase 2B, and Phase 3 (Government of Saskatchewan, 2021u). **Phase 1** (effective September 7, 2021) included LTC facility and personal care home residents, along with some immunocompromised individuals, eligible 28 days after the second dose. **Phase 2A** (effective October 5, 2021) included those 80 years of age and older (eligible 6 months after the second dose), as well as select immunocompromised individuals (eligible 28 days after the second dose). **Phase 2B** (effective October 25, 2021) included those aged 65 years and older, people aged 50 years of age or older living in the far north or in First Nations communities, health care workers, and people born in 2009 or earlier with underlying health conditions causing them to be clinically vulnerable (eligible 6 months after the second dose). Finally, **Phase 3** eligibility groups are to be determined based on emerging evidence and national recommendations (ibid).

3.4 Strategies to Increase Uptake

Saskatchewan had also planned efforts to speed up COVID-19 vaccination uptake. A few examples of many include the pharmacy pilot program implemented on April 28, 2021 to improve the accessibility to vaccinations (Government of Saskatchewan, 2021c). This program was later expanded to many participating pharmacies across the province. The SHA also ran the Vaxmobile, which was an RV parked at strategic locations across the city of Saskatoon after the delivery of vaccines was shifted from mass clinics and drive throughs to mobile and pop-up clinics (SHA, 2021i). Another example included the Canadian Football League Saskatchewan Roughriders' team offering vaccination clinics outside of Mosaic Stadium in Regina prior to games (Skjerven, 2021).

If vaccinated, individuals in Saskatchewan had some relaxed public health restriction benefits. On May 4, 2021, the province announced a *Re-Open Saskatchewan Road Map*, consisting of three steps based on vaccination rates, to motivate individuals to get vaccinated which would result in public health restrictions lifting. The province fully re-opened on the third step on July 11, 2021 (SHA, 2021f). Premier Scott Moe and CMOH Dr. Saqib Shahab indicated at this point vaccination was the main strategy against the pandemic, although masks were still required at SHA facilities (SHA, 2021f, p. 11).

On September 16, 2021, the government announced that vaccine passports were mandated for all public servants and non-essential services for anyone 12 years of age or older, effective October 1, 2021 (Government of Saskatchewan, 2021d). Essential services, such as religious ceremonies, hotels, and health care appointments, were exempt. The non-essential services required to implement the proof of vaccination policy included indoor dining at restaurants, nightclubs, bars, taverns, and other licensed establishments; event and entertainment venues, including conference centres, casinos, movie theatres, concert venues, live-music venues, and museums; and indoor facilities hosting ticketed sporting events, indoor fitness centres, and gyms. All other employers, such as school divisions for example, were encouraged to implement similar programs within the workplace as the Government of Saskatchewan implemented proof of vaccination policies for all public servants (Government of Saskatchewan, 2021d). Further, as discussed in Section 2, the SHA required proof of vaccination for all health care workers (Government of Saskatchewan, 2021p). See also Table 2 for a summary of key dates related to the announcement and implementation of Saskatchewan's proof of vaccination policy.

Other incentives used to increase vaccine uptake in the province included the provincial government's policy to require employers to give three paid hours off for employees to receive their COVID-19 vaccine (Government of Saskatchewan, 2021f). Two other examples of many included the Saskatchewan Roughriders requiring COVID-19 vaccination to attend the final three home football games, as well as the community of La Loche, which launched large raffles with prizes (e.g., generators, iPads, PlayStations) for those who received the COVID-19 vaccine (Roughriders, 2021; Vescera, 2021c).

Métis Nation Saskatchewan also offered a vaccine incentive lottery launched on September 3, 2021 to incentivize youth to get their vaccine. The incentives were in the form of educational scholarships that amounted to a total of \$2 million (Risom, 2021). ISC-SK and the NITHA also offered incentives for vaccination which included gift cards, gift bags, and larger draws. In addition, the Morning Star Lodge, partnered with Star Blanket Cree Nation, Solution for Kids in Pain, and other Indigenous community members, to prepare a book titled "Little Louis." The educational book is culturally relevant for Indigenous children experiencing needle fear and vaccine hesitancy (Morning Star Lodge, 2021).

The Ministry of Health also has developed approaches to addressing the "seven Cs" of vaccine hesitancy (confidence, complacency, convenience, calculation, collective responsibility, communication, and context) in Saskatchewan. For example, confidence is being combatted by providing credible sources of information, complacency is being addressed through the proof of vaccination or the negative test mandate, and context is being addressed through providing pop-up clinics in low-uptake neighbourhoods, as well as having the First Nations communities themselves to administer immunization clinics.

Physician engagement was also used by the Ministry of Health as a strategy to increase vaccine uptake in communities with low uptake. A billing code was established by the Ministry of Health in collaboration with the SMA for physicians to use when discussing vaccine hesitancy with unvaccinated patients (Saskatchewan Medical Association, 2021). Physicians were enabled for vaccine delivery in their clinics, and were enlisted to assist in other complementary initiatives.

As of November 12, 2021, there had been no use of the Janssen (Ad26.COV2.S) vaccine in Saskatchewan. According to Health Minister Paul Merriman, it was noted that the was set to receive doses of the Janssen vaccine at the end of the month of November 2021 to use for residents who prefer one dose rather than two (Anton, 2021). On November 17, 2021, the Janssen vaccine was available and administered in Regina, Saskatoon, Estevan, Prince Albert, Melfort, Swift Current, North Battleford, and Lloydminster (Government of Saskatchewan, 2021v).

On August 13, 2021, the University of Saskatchewan and the University of Regina announced a proof of vaccination policy for students. Further details can be found in Section 6 (University of Regina, 2021b; University of Saskatchewan, 2021). At the end of September 2021, school divisions across Saskatchewan also started announcing vaccination mandates for teachers, staff, and volunteers in the province, as discussed in Section 6. These policies, along with the provincial vaccination policy, helped to significantly improve the uptake of vaccinations in Saskatchewan as supported by Social Contours and COVID-19 research (Social Contours and COVID-19 Research Team, 2021).

Another important policy for increasing vaccination uptake was to prohibit organizations from accepting Rapid Antigen Tests (RATs) as a substitute for vaccination status (Government of Saskatchewan, 2021r). Anyone requiring a proof of negative COVID-19 test must seek a PCR test.

4. Vaccines Insurance Coverage and Access

This section describes the entitlements and insurance coverage for vaccines, and approaches to increase access to vaccines and overcome barriers to access.

4.1 Entitlement and Coverage

There were some barriers to access to the COVID-19 vaccine in Saskatchewan. For individuals to book a vaccine, they needed to provide their first name, last name, date of birth, valid health card number (from any PT), and an email address or phone number. Barriers were identified for those without phone or internet access (Jean-Jacques & Bauchner, 2021). To mitigate these barriers, walk-in clinics were made available. Special efforts were also made to vaccinate those experiencing homelessness as discussed in Section 4.2.

Adults or children who are Canadian citizens, non-Canadian citizens, adults and children who are landed immigrants or refugees, and non-Canadian residents and children who are working or studying in Canada, can receive a vaccine if they are staying in the province for longer than two weeks (Government of Saskatchewan, 2021o). Other non-Canadian residents who did not meet the above criteria were assessed on a case-by-case basis prior to receiving a publicly funded vaccine.

In Saskatchewan, there is no legal age for consent in health care (eHealth Saskatchewan, 2015). Children 13 years or older can consent to immunization on their own if they demonstrate understanding of the standard/general information (eHealth Saskatchewan, 2015). With that being said, if vaccination clinics are held in schools, written consent is required for children aged 12–17 for tracking (Government of Saskatchewan, 2021k).

According to the available information, no one in the province has paid out-of-pocket for a COVID-19 vaccine.

4.2 Access

To book a COVID-19 vaccine, individuals can call HealthLine 811, 1-833-SASKVAX, or online. If individuals do not have a valid health card, cell phone and/or email, the only option to book is via phone at HealthLine 811 or attend a walk-in clinic.

As briefly mentioned in Section 4.1, in Saskatchewan, some barriers to access of the COVID-19 vaccination have been identified. Barriers were identified in remote areas, for newcomers, as well as low-income neighbourhoods (Bell, 2021; Vescera, 2021b). Barriers identified in low-income areas with low vaccination coverage are people not being able to drive to a vaccination clinic or figure out bus routes to the clinics (Vescera, 2021b). Poor access to internet and phones, lack of time and resources, limited drop-in appointments, and general inconvenience were also identified (Vescera, 2021b).

Work has been done by the province to reduce these barriers. A few examples of many include the SHA taking part in door-to-door activities in northern rural areas and increasing availability and convenience of clinics through pop-up clinics, pharmacy locations, and vaccination buses (SHA, 2021e). Refer to Section 3.4 for additional details regarding measures taken to enhance access among specific vulnerable populations and increase the speed of vaccine roll out. The ISC-SK and NITHA also put on community,

mobile, and pop-up clinics, as well as door-to-door education and vaccination initiatives among certain communities.

Outreach efforts have also been implemented in Saskatchewan to help the population feel safe. For example, in a partnership between St. John Ambulance, the University of Saskatchewan, and the SHA, therapy dogs attended walk-in clinics at Prairieland Park in Saskatoon (SHA, 2021h). Further, in La Loche in northern Saskatchewan, the health authority completed a door-to-door campaign (Vescera, 2021c). SHA staff went door-to-door with translators to vaccinate individuals in the comfort of their own homes as the community typically has many barriers to receiving health care (SHA, 2021e).

Lastly, efforts were made to specifically improve COVID-19 vaccine access for vulnerable and marginalized populations. For example, vaccination clinics were held at a food bank at Saskatoon's Friendship Inn during the soup kitchen's lunch time, and the Salvation Army Crossroads Residential Services and Lighthouse Supported Living (Biber, 2021; Vescera, 2021b). The Regina Open Door Society and the SHA partnered to organize vaccination clinics for newcomers, as well as used a "health bus" to bring doses to neighbourhoods and hold drop-in clinics at refugee resettlement agencies (Bell, 2021; Vescera, 2021b). The SHA also held vaccination clinics at correctional facilities. For example, SHA workers vaccinated inmates at Regina Correctional Centre (James, 2021).

5. Governance and Authority

This section describes the governance of the COVID-19 vaccination rollout, including who is leading the vaccination rollout, the composition and role of advisory bodies, and the level of coordination of the PT strategy across the jurisdiction, and across actors.

The governance of the health system with regard to the COVID-19 vaccination campaign in Saskatchewan included various aspects. On March 3, 2020, the Ministry of Health launched the Health Emergency Operations Centre. Soon after, the SHA launched their emergency operation centre as a central managing body (Government of Saskatchewan, 2021m). There is also a multi-agency steering committee comprised of Medical Officers of Health, the SHA, Ministry of Government relations, the Saskatchewan Public Safety Agency, and clinicians, who provide oversight to logistical concerns and strategic direction (Government of Saskatchewan, 2021m). This group is also informed by the Immunization Planning Committee (IPC) with Indigenous representation embedded throughout (SHA, 2021d). The IPC is responsible for several tasks, including administration, supporting data collection and reporting, program evaluation, safety and effectiveness monitoring, and preparing for unexpected changes (SHA, 2021d).

The Clinical Expert Advisory Committee for Immunization was established in December 2020 and is the senior body issuing recommendations on vaccinations to the Ministry of Health (SHA, 2021d). The Clinical Expert Advisory Committee included representation from the Ministry of Health, the SHA, and the University of Saskatchewan in areas such as: integrated rural health, integrated urban health, modelling and evidence analysis, public health/immunization, epidemiology, ethics, First Nations and Métis Health, clinicians, employee health, human resources impact, patient and family partner, and NITHA (Government of Saskatchewan, 2021u). The roles of the advisory committee were as follows: “providing advice and recommendations on the prioritization, sequencing and roll out of COVID-19 vaccines across Saskatchewan; ensuring advice and recommendations are made within an ethical framework; providing advice and recommendations consistent with patient and family-centred care; helping develop decision-making processes to determine priority populations for COVID-19 immunization; developing recommendations based on the latest evidence on COVID-19 and immunization research; and providing advice and recommendations to help remove the barriers to a successful immunization program (Government of Saskatchewan, 2021u).” The COVID-19 Vaccine Clinical Expert Advisory Committee was also connected to the COVID-19 Steering Committee to review the available evidence and both the federal and provincial guidance on vaccine sequencing.

As per Saskatchewan’s *COVID-19 Immunization Delivery Plan*, there is also a COVID-19 Immunization Planning Distribution and Logistics Task Team and a COVID-19 Immunization Planning AEFI Task Group. Their roles and responsibilities can be found in the [plan](#).

The leadership strategy in Saskatchewan is fairly centralized, including mainly the Health Emergency Operations Centre with the Ministry of Health and the SHA (North American Observatory on Health Systems and Policies, 2020). The vaccination rollout approach was then slightly decentralized when the pilot pharmacy program was implemented. Due to the fourth wave hitting the province hard, on October 7, 2021 the Government of Saskatchewan activated the Provincial Command through the Provincial Emergency Operations Centre to lead the emergency response (Government of Saskatchewan, 2021t).

Dr. Tania Diener is the Medical Health Officer for the SHA who is responsible for vaccination and immunization across the province, as well as the co-lead of SHA’s immunization campaign (Blakley, 2021;

Tank, 2021). Sheila Anderson is responsible for leading the Saskatchewan immunization campaign, as well as sits as the co-chief of the SHA immunization campaign (Vescera, 2021d).

To improve provincial uptake of vaccinations, SHA developed an uptake strategy. Teams review geography data on vaccination uptake each week. Weekly, the teams then develop a plan to align the vaccine outreach clinics with the geography data. Further, bi-weekly meetings are held with NITHA and ISC-SK partners to discuss uptake strategies, share learnings, and update each other on the current state of vaccination uptake. SHA also holds daily vaccination meetings to provide the engaged group with provincial updates, discuss vaccination uptake in each area, and address potential barriers.

Lastly, despite a provincial election in the midst of the pandemic, on October 26, 2020, Saskatchewan did not go through any major governance changes, as the Saskatchewan Party stayed in power along with Premier Scott Moe; Dr. Saqib Shahab also remained the CMOH throughout the pandemic. However, after the provincial election, Paul Merriman was appointed as the new Minister of Health on November 9, 2020, a position previously held by Jim Reiter. Midway through the pandemic, Dr. Cory Neudorf was appointed the SHA's Interim Senior Medical Health Officer.

6. Measures in Other Sectors

Many measures in other sectors beyond the immediate scope of the health system are being taken to encourage individuals to get vaccinated. This section contains information on some of these measures, including in educational (kindergarten- grade 12 [K-12] and university) settings and workplaces.

As of November 10, 2021, all Saskatchewan residents born in 2009 and earlier are eligible for a COVID-19 vaccine (Government of Saskatchewan, 2021b). This includes youth ages 12–18. Regarding vaccination mandates for teachers and school staff, this decision has been left up to individual school divisions rather than the Saskatchewan School Board Association (Simard & Contact, 2021). Some school divisions, such as the Regina Public School Division, announced on September 29, 2021 that they will soon require all teachers and staff to show proof of vaccination or provide a privately paid for negative test result several times per week (Regina Public Schools, 2021).

Some universities and colleges in Saskatchewan developed proof-of-vaccination policies for fall 2021. Examples include both the University of Saskatchewan and the University of Regina, which implemented mandatory vaccination for all students, faculty, and support staff (University of Regina, 2021a; University of Saskatchewan, 2021). Both universities required regular testing for ongoing negative COVID-19 tests when the proof of vaccination cannot be produced. The University of Saskatchewan implemented the vaccination and testing credentials for October 1, 2021; the university is not allowing the alternative of a proof of negative test result starting January 1, 2022 (University of Saskatchewan, 2021). The University of Regina required an official vaccination declaration by December 1, 2021 (University of Regina, 2021a).

No information was found on specific vaccination policies or accommodations for other vulnerable groups such as migrant workers.

Health Canada authorized the Pfizer-BioNTech COVID-19 vaccine for use in children aged five and older on November 19, 2021 (Health Canada, 2021). Vaccinations were first administered on November 24, 2021. As mentioned, this report will not cover the rollout of pediatric vaccinations in Saskatchewan. The vaccination plan for the pediatric population can be found [here](#).

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Tables

Table 1. Summary of Vaccine Eligibility, by Priority Group

Priority Group	Eligible phase of vaccine rollout	Date eligible/ Scheduling opened	Other notes
Vaccines first available	Pilot	Dec 15, 2020	Pfizer-BioNTech only; Frontline workers (ED, COVID-19 units)
Common priority groups			
Residents of LTC	Phase 1	Dec 22, 2020	Far north central and far northwest eligible Jan: week of Jan 4, 2021
LTC staff	Phase 1	Dec 22, 2020	Far north central and far northwest eligible Jan: week of Jan 4, 2021
Frontline health care workers	Phase 1	Dec 22, 2020	Phased approached, starting with high risk and direct facing health care workers
Residents and staff of other congregate living facilities (e.g., corrections, shelters, etc.)	Phase 2 (ages 60-69)	Mar 18, 2021	
Adult residents of remote or isolated communities	Phase 1	Dec 22, 2020	E.g., only ages 50+ in northern and remote communities
Adults in First Nations, Métis, and Inuit populations	Phase 2	Mar 18, 2021	Ages 50+ in northern and remote communities (high Indigenous population in these areas) were prioritized in Phase One. The rest prioritized within Phase Two.
Agri-food production workers	Phase 2	Mar-May 2021	Not prioritized – eligible by age group in Phase 2 (see below for age-based eligibility)
People living or working in hotspot communities	Phase 2	Mar 21, 2021	59 and older in Regina
Diagnosis of high-risk medical condition(s)	Phase 2 (age 60-69)	Mar 18, 2021	See section 3.2 for a list of specific conditions
Age-based eligibility (based on age in 2021)			
Children, <12 years	Phase 2	Nov 24, 2021	
Youth, 12–18 years	Phase 2	May 20, 2021	Pfizer-BioNTech (12-16), Moderna (16-18)
Young adults	Phase 2	May 2021	Moderna (ages 18-29)
Adults	Phase 2	Apr-May 2021	Ages 30–59; Also eligible for AstraZeneca Vaxzevria® (only group eligible for the Astra Zeneca vaccine between Apr 28 - May 6, 2021; discontinued for first doses as of May 6)

Table 2. Summary of Key Dates of Policies Regarding, and Eligibility for, Vaccination

Item	Date(s)	Notes
Eligibility for Vaccination		
Vaccines first administered	Dec 15, 2020	Frontline workers (ED, COVID-19 units)
Highest risk (i.e., front line health care workers, LTC residents)	Dec 22, 2020	Phased approached, starting with high risk and direct facing health care workers
Seniors (60/65+ years old)	Dec 22, 2020	Residents 70+ in all communities
General adult population (18+)	May 16, 2021	Ages 20+
Youth (12+)	May 20, 2021	
Vaccination Passports		
Announced	Sep 16, 2021	Vaccine passports were mandated for all public servants and non-essential services for anyone 12 years of age or older On Sep 10, 2021 SHA required proof of vaccination for all employees
Implemented	Oct 1, 2021	

List of abbreviations: ED (Emergency Department); LTC (long-term care); SHA (Saskatchewan Health Authority)

Appendix A. Key Information and Links

Key Information

- > Public health measures in response to COVID-19 are the shared responsibility of the federal government and PT governments, provincially-delegated health authorities, as well as local governments.
- > The first case in Canada was confirmed January 25, 2020 in Ontario (originated in Wuhan, China). As of April 13, 2020 there were 25,680 confirmed cases in Canada.
- > The number of total cases, confirmed cases, and mortality from COVID-19 are tracked nationally by the Government of Canada: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- > Federal government measures introduced in response to COVID-19 are summarized on this site: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?topic=tilelink#wb-auto-5>

Each PT tracks its COVID-19 cases with daily updates, e.g. Saskatchewan's is here: <https://dashboard.saskatchewan.ca/health-wellness>

Links

Saskatchewan's COVID-19 Website	https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus
CIHI COVID-19 Intervention Scan	www.cihi.ca/en/covid-19-intervention-scan
CIHI COVID-19 Intervention Timeline	www.cihi.ca/en/covid-19-intervention-timeline-in-canada
CANVAX COVID-19 Resources on Immunization	https://canvax.ca/covid-19-resources-immunization
NACI Recommendations on the use of COVID-19 vaccines	www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html
Saskatchewan's Sub-Zones/health network areas	https://dashboard.saskatchewan.ca/health-wellness

Visit the NAO's webpage for more key links and resources, including detailed PT reports: <https://ihpme.utoronto.ca/research/research-centres-initiatives/nao/covid19/>

Visit the CoVaRR-Net's Pillar 8 recommendations to policymakers, public health officials, and the public: <https://covarnet.ca/knowledge-commons/>



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